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***SPECIAL SCHOLARSHIP***  
***APS Hopi Scholars Program Application***

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Through a partnership with Arizona Public Service (APS), we are pleased to announce a unique scholarship opportunity entitled the APS Hopi Scholars Program. The program provides scholarships valued at \$4,000 per academic year (\$2,000 Fall/\$2,000 Spring) for students in the sophomore thru senior level pursuing an AAS, AS, BA or BS at an accredited college or university for the Fall/Spring 2014-2015 academic year. Students must also be pursuing a degree in the STEM (Science, Technology, Engineering or Math), Education or Nursing fields to be eligible.

In addition to general eligibility requirements, students must submit a Special Scholarship Application and a 1 page essay regarding "Commitment to Community". The selected students must perform 40 hours of community service that will benefit the Hopi community by August 1, 2015. Applications will be competitively reviewed based on the criteria listed below. ***Final recipients will be chosen by a Selection Committee.*** If you have any questions please contact the HTGSP.

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***ELIGIBILITY REQUIREMENTS***

1. APS Hopi Scholars Program Application
  2. Must be an ***enrolled member*** of the Hopi Tribe.
  3. Be a high school graduate or have earned a GED certificate.
  4. Be admitted to a regionally accredited college/university.
  5. Possess a ***Cumulative Grade Point Average*** (CGPA) of 2.50 at current institution attending.
  6. Must be a full time student as defined by the institution attending.
  7. Must be a Sophomore, Junior or Senior at a college/university
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***REQUIRED DOCUMENTS***

1. Official high school transcripts or Official GED scores (***Needs to be submitted only once***)
2. Official transcript from community college/university currently attending.
3. Program of Study (POS) indicating/showing Projected graduation date
4. Essay (1 page single spaced 11 point font) – Essay topic "Commitment to Community: Reciprocity and Your Roles in Giving Back to the Hopi Community"
5. Verification of Enrollment Form

***\*\*Special consideration will be given for:***

1. Students pursuing degrees in Science, Technology, Engineering and Math (STEM) fields will be a priority followed by Education and Nursing.
2. Commitment to Community – Students will be given special consideration in the essay portion of the application.

***ALL*** Transcripts must bear the official seal and be mailed in a sealed envelope to the HTGSP from the institution. If you are a current HTGSP recipient you may already have some of the documents on file. Contact HTGSP to verify.

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***DEADLINE DATE***

**August 1, 2014**

**ALL DOCUMENTS MUST BE RECEIVED BY 5:00 p.m. OF THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED.** Applications may be scanned and emailed with the original mailed to the office within 10 working days of the emailed application date. ***Faxed or photocopied documents shall not be accepted.***

***Grants and Scholarships Program***

***P.O. Box 123***

***Kykotsmovi, AZ 86039***

***800-762-9630 Toll Free Line***

***(928) 734-3542 Direct Line***

***(928) 734-9575 Fax Line***

***Email: [JTorivio@hopi.nsn.us](mailto:JTorivio@hopi.nsn.us) or [GSieweumptewa@hopi.nsn.us](mailto:GSieweumptewa@hopi.nsn.us)***



**APS Hopi Scholars Program Application**

Grants and Scholarship Program  
P.O. Box 123  
Kykotsmovi, Arizona 86039  
(928) 734-3533 or (800) 762-9630  
(928) 734-9575 FAX

Deadline Date:  
**August 1, 2014**

**ANSWER ALL QUESTIONS AND PRINT CLEARLY. READ, SIGN AND DATE THE APPLICATION.**

Financial Assistance:

(XX) APS Scholarship

Terms applying for:

Fall 2014  
Spring 2015

(XX) Full-time  
(XX) Full-time

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Hopi Enrollment No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Sex: ( ) Male ( ) Female

Mailing Address:

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Have you previously applied to HTGSP? ( ) Yes ( ) No If yes, semester/year applied: \_\_\_\_\_

High School attended/location: \_\_\_\_\_ Year Diploma/GED recd.: \_\_\_\_\_

College to be attended/location: \_\_\_\_\_

College Class Status (soph., junior, or senior): \_\_\_\_\_ Expected date of college graduation: \_\_\_\_\_

Degree currently pursuing (AAS, AA, BA, BS.): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please list all community colleges or universities attended (use additional page if necessary).

School	City/State	Sem./Yr. attended	Credits earned

Total Credit Hours Earned: \_\_\_\_\_

CONDITIONS FOR RECIPIENT:

- A. The recipient is responsible for submitting to the HTGSP a new application for each academic year to be considered for the APS Hopi Scholars Program.
- B. At the conclusion of the **Spring semester** all recipients must submit an official transcript by **June 30**.
- C. Keep the HTGSP informed of student status, i.e. change of mailing address, name change, phone number, intention to withdraw or transfer etc.
- D. Recipients must complete each term at a minimum of a full-time course load at their institution.
- E. Recipients shall maintain a 2.50 Cumulative Grade Point Average (CGPA) based upon course work at the institution of attendance. Grade reports must be submitted at the conclusion of the **Fall semester** by **January 31**.
- F. Recipients failing to maintain the appropriate CGPA and/or course load will be subject to termination and not eligible to re-apply.
- G. The recipient shall attend the institution specified in the award letter.
- H. The recipient shall be responsible for meeting other conditions as required by the APS Hopi Scholars Program.
- I. The recipient agrees to have their name, school, degree being pursued, and graduation announcement released in any press releases by the HTGSP and HEEF.
- J. The applicant's file is the property of the HTGSP. In order that the HTGSP disclose information regarding the applicant's status or award, the applicant must submit a signed Release of Information form specifying the individuals to receive information.

*I hereby certify that the information on this application is true and correct to the best of my knowledge. I will accept and abide by all conditions in the aforementioned. Furthermore, I give permission to the HTGSP to request and receive any information on my financial aid status and academic progress.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Verification of Hopi Indian Blood  
for  
Hopi Tribe Grants and Scholarships Program**

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**PART I: MEMBERSHIP INFORMATION** (To be completed by student and returned to HTGSP)

Student Name: \_\_\_\_\_ Other Last Name(s) Used: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student Social Security No: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

(To be completed by the Hopi Tribal Enrollment Office)

**PART II: VERIFICATION OF TRIBAL BLOOD ENROLLMENT**

- A. Is \_\_\_\_\_ blood degree of the Hopi Indian Tribe
- B. a. \_\_\_\_\_ Hopi Tribal enrollment number \_\_\_\_\_
- b. \_\_\_\_\_ is not enrolled with the Hopi Indian Tribe.
- Is also \_\_\_\_\_ blood degree of the \_\_\_\_\_ Tribe/Race
- Is also \_\_\_\_\_ blood degree of the \_\_\_\_\_ Tribe/Race
- We can verify that he/she is not enrolled with the \_\_\_\_\_ Tribe(s) as of \_\_\_\_\_ (Date)
- We are unable to verify non-enrollment with \_\_\_\_\_ Tribe(s) due to lack of information.

**PART III: CERTIFICATION OF INDIAN BLOOD**

- A. I certify that this individual is \_\_\_\_\_ degree Indian Blood of a federally recognized tribe defined in 25 CFR Part 40.1.

\_\_\_\_\_  
Director, Office of Enrollment/Hopi Tribe

\_\_\_\_\_  
Date

- B. I am unable to certify the blood quantum or enrollment status of this individual due to no records on file with the Enrollment Office/Hopi Tribe.

\_\_\_\_\_  
Director, Office of Enrollment/Hopi Tribe

\_\_\_\_\_  
Date

***PRIVACY ACT and REDUCATION ACT STATEMENT***

**GENERAL:** This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)

**AUTHORITY:** The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 115, Public Law 67-86, 42 Stat. 208(25U.S.C. 13) and Public Law 95-561.

**PURPOSE AND USES:** In accordance with the accountability required for the administration of funds appropriated for educational program, certain types of information is required. All records are maintained in strictest confidence and all information contained herein is considered privileged information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals and providing accountability for the educational services offered to individuals.

**EFFECTS OF NONDISCLOSURE:** Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude beneficiaries from obtaining the educational services.